

SUMMARY OF ASSISTED LIVING RESIDENCE and ACF REQUIREMENTS

Regulation Numbers ending in “(ACF)” apply to only Medicaid facilities

POLICIES

_____	P0204, 104(5)(a)	Admissions
_____	P0212, 104(5)(c)	Serious Illness, Injury, Death of Resident
_____	P0213, 104(5)(d)(i-iii)	CPR Directive
_____	P0214, 104(5)(e)(i-ii)	Lift Assistance
_____	P0215, 104(5)(f)	Physician Assessment Requirements
_____	P0216, P0402-446,	
_____	104(5)(e), 106(1)	Resident Rights
_____	P0222, 104(5)(h)	Smoking
_____	P0224, 104(5)(i)(i)	Discharge
_____	P0232, 104(5)(j)	Handling Resident Funds
_____	P0242, 104(5)(k)(i)(i)	Grievance Process
_____	P0252, 104(5)(l)	Investigation of Abuse and Neglect Allegations
_____	P0262, 104(5)(m)(i-v)	Restrictive Egress Alert Devices (if used)
_____	P0272-	
_____	P0280, 104(5)(n)(i-v)	Donated Medications (if applicable)
_____	P0354, 105(4)(a)	House Rules
_____	P1058, 8.495.4.D (ACF)	Policy on Advanced Directives
_____	M0410, Ch. XXIV 4.1	Medication Administration
_____	M0421, Ch. XXIV	Background Check Policy and Procedure for QMAPS
_____	4.2(A)(1)(2)(3)	

POSTINGS

_____	P0217, 104(5)(g)(ii)	Resident's Rights posted in a conspicuous place
_____	P0242, 104(5)(k)(i)(ii)	Grievance Procedure and phone #s of ombudsman, adult protection, area agency on aging, state health dept., and state dept. of human services (if RTF)
_____	P0355, 105(4)(b)	House Rules prominently posted
_____	P1124, 8.495.6.E.7.	
_____	(ACF)	Schedule of daily social/recreational activities posted at all times

ENVIRONMENT/TOUR

_____	P0120, 104(3)(a)(iv)	Policy and Procedure Manual accessible to staff
_____	P0506, 107(2)(a)	Opportunities for social/recreational activities
_____	P0382, 105(5)(c)(i)	Storage for confidential records
_____	P0756, 110(3)(a)	Clean bed and bath linens and blankets at least weekly
_____	P0754, 110(2)	Separate storage for soiled linen and clothing
_____	P0818,	
_____	111(1)(a)(ii)(C)(IV)	No personal appliances in bedroom unless documented assessment of safe use
_____	P0820, 111(1)(a)(ii)(D)	No heating pad/electric blanket without supervision or documentation of safety
_____	P0802, P0504,	
_____	111, (1) 107(1)(b)	Physically safe and sanitary environment, clean, protective oversight
_____	P0862, 112(2)(b)	Wheelchairs (if used) fit through doorways
_____	P0864, 112(2)(c)	Two entryways for residents using wheelchairs
_____	P0848, 111(1)(e)(i)	Access to telephone
_____	P0844, 111(1)(d)(ii)	Hot water accessible by residents measures 120 degrees or less

STAFF RECORDS

P0114, 104(3)(a)(i)(B)	TB test before direct contact with residents						
P1144, 8.495.6.F.5.a.iii (ACF)	Documentation of annual TB testing						
P0132, 104(3)(d)(i)	Criminal background check before staff or volunteer perform duties						
P0143, 104(3)(e)(iv)(A)(B)	One staff member onsite, at all times, with current certification in adult first aid						
P0152, 104(3)(f)(i)	Documentation of on-the-job training or evaluation of previous experience						
P1140, 8.495.6.F.5.a.i (ACF)	Personnel files include name, home address, phone number, and date of hire						
P0156, 104(3)(f)(ii) (A)	Documentation of training in, before providing direct care: <table><tr><td>Orient to physical plant</td><td>Needs specific to pop (Alz, diab, dietary)</td><td>Resident rights</td></tr><tr><td>First aid certified, injury response, lift assist</td><td>Care and services for current residents</td><td>Medication administration program</td></tr></table>	Orient to physical plant	Needs specific to pop (Alz, diab, dietary)	Resident rights	First aid certified, injury response, lift assist	Care and services for current residents	Medication administration program
Orient to physical plant	Needs specific to pop (Alz, diab, dietary)	Resident rights					
First aid certified, injury response, lift assist	Care and services for current residents	Medication administration program					
P0160, 104(3)(f)(ii)(C)	Documentation of training in, within one month of hire: <table><tr><td></td><td>Assessment Skills</td><td>Infection Control</td></tr><tr><td>Difficult Behaviors</td><td>Resident Rights</td><td>Health Emergency Response</td></tr></table>		Assessment Skills	Infection Control	Difficult Behaviors	Resident Rights	Health Emergency Response
	Assessment Skills	Infection Control					
Difficult Behaviors	Resident Rights	Health Emergency Response					
P0550, 107(5)(a)	Medication administration course certificate for staff who administer meds						
M0340, Ch. XXIV 3.4	Qualified managers retest every four years						
M0430, Ch. XXIV 4.3	QMAPs retest every five years						
M0910, Ch. XXIV 9.1	Each QMAP and qualified manager sign disclosure statement						
P0108, 104(2)(b)(i)(B)	Administrator completed 30 hr training or approved based upon experience						
	Name: _____						
P1078, 8.495.5.B.2. (ACF)	Operator completed ACF orientation Name: _____						

RECORD REVIEW

P0172, 104(4)(a)(ii)	Staffing Schedule/Sufficient Staff
M0310, Ch. XXIV 3.1	QMAP onsite at all times
P1154, 1156, 8.495.6.G.1.a.b. (ACF)	Staffing ratio of 1:10 during the daytime, and 1:16 during the nighttime, or presence of waiver
P0464, 106(4)(b)(ii)	Minutes of house meetings quarterly if less than 17 residents
P0466, 106(4)(c)(iv)	Minutes of resident council meetings monthly if 17 or more residents
P0354, 105(4)(a)(ix)	Pets in compliance with local vaccination requirements
P1080, 1096, 8.495.5.B.3., 8.495.5.D.1.a. (ACF)	Proof of general liability insurance as required by Health Care Policy and Financing
P0502, 107(1)(a)	Census with room numbers

RESIDENT FILES

P0213, 104(5)(d)(i)(ii)(iii)	Documentation resident informed of CPR directives or refusal
P0218, 104(5)(g)(iii)	Documentation of explanation of resident's rights
P0226, 104(5)(i)(ii)	Documentation of explanation of discharge policy
P0244, 104(5)(k)(iii)	Documentation of explanation of grievance procedure
P0322, 105(2)	Written agreement signed by resident or legal representative
P0328, 105(2)(c)	Documentation of required disclosures (including onsite first aid staff)
P0356, 105(4)(c)	Documentation of explanation of house rules, prior to admission
P0362, 105(5)(a)(i)(A)	Resident information (face sheet)
P0362, 105(5)(a)(i)(A)(VI)	Diagnoses documented on face sheet
P0364, 105(5)(a)(i)(B)	Progress (Anecdotal) notes

RESIDENT FILES (cont.)

_____ P0514, P0302,	Pre-admission assessment and care plan at time of admission
_____ 107(3)(a), 1.105(l)(a)	
_____ P0518, 107(3)(c)	Resident reassessed yearly or as needs change and care plan updated
_____ P1058, 8.495.4.D. (ACF)	Residents informed of the policy regarding advanced directives

MEDICATIONS

_____ P0530, 107(4)(b)(iii)	Expired medications not administered to residents and properly disposed
_____ P0532, 107(4)(c)(i)	Medications labeled with residents full name unless self-administer
_____ P0538, 107(4)(d)(i)(A)	Locked storage for medications, no intermingling
_____ P0552, 107(5)(b)(i)	Medication administration records
_____ P0556, 107(5)(c)(i)	Current physician's orders for all medications administered to residents
_____ P0558, 107(5)(c)(ii)	Orders for self administration
_____ P0564, 107(5)(e)(ii)	Comply with physician's orders
_____ P0576, 107(5)(f)(i)	Medications used to affect or modify behavior (including psychotropic drugs) not administered as a PRN, unless resident directed or RTF
_____ M0521, Ch. XXIV 5.2(A)	New physician orders obtained whenever resident returns after inpatient hospitalization
_____ M0410, Ch. XXIV 4.1	Medications administered according to medication course regimen
_____ M0410, Ch. XXIV 4.1	Proper documentation on PRN meds including dose given, person administering, time given and reason
_____ M0720, Ch. XXIV 7.2(A)	Controlled substances under double lock, counted at end of every shift

MEDICATION REMINDER BOXES (if used)

_____ M0660 Ch. XXIV 6.6(A)	Medication reminder boxes labeled with contents of box
_____ M0690, 691 Ch. XXIV 6.9,	No PRN medications or medications administered according to special
_____ (A)	instructions in MRB
_____ M0694, Ch. XXIV 6.10	Medication reminder boxes not filled for more than two weeks at a time

DIETARY

_____ P0702, 109(2)(a)(i)	Facilities less than 20 beds: Food free from spoilage, filth, contamination.
_____ P0706, 109(2)(b)	Facilities greater than 20 beds: Comply with 1999 CO Retail Food Establishment Rules and Regulations
_____ P0710, P0714,	Three nutritionally balanced meals provided & available snacks between
_____ 109(3)(a) (i) and (b)	meals
_____ P0716, P0718,	
_____ 109(4)(a) and (b)	Weekly menus available in advance, and menus vary daily and seasonally
_____ P0724, P0726,	
_____ 109(6)(a) and (b)	Therapeutic diets prescribed by physician and system to provide
_____ P0722, 109(5)	A minimum of food for 3 balanced meals for 3 days

RESIDENT FUNDS (if facility handles funds)

_____ P0332, 105(3)(a)	Written agreement with resident or legal representative to handle funds
_____ P0336, 105(3)(c)	Surety bond sufficient to protect resident personal funds
_____ P0334, 105(3)(b)	Funds exceeding \$500 in an interest bearing account
_____ P0338, 105(3)(d)(i)	Record of financial transactions

RESTRICTIVE EGRESS ALERT DEVICES (if used)

_____ P0264,	Proper legal authority for use of device
_____ 104(5)(m)(ii)(A)	
_____ P0264,	Assessment by qualified professional prior to use of device
_____ 104(5)(m)(ii)(B)	

FACILITY: _____ DATE: _____ SURVEYOR: _____

RESTRICTIVE EGRESS ALERT DEVICES (cont.)

_____	P0268, 104(5)(m)(iv)	Access to secured outdoor area
_____	P0270, 104(5)(m)(v)	Documentation of monthly testing of device

REPORTING/NOTIFICATION

_____	P0034, 103(7)(a)(i)	Occurrences
_____	P0038, 103(7)(c)	Department notified of relocation within 48 hours
_____	P0212, 104(5)(c)(ii)	Emergency contact notified of injury and ER visit
_____	P0252, 104(5)(l)(ii)	Emergency contact notified within 24 hours of allegation abuse
_____	P0396, 105(6)(d)	Ombudsman given copy of 30 day notice of discharge w/in 5 days
_____	M0350, Ch. XXIV 3.5	Department notified of medication error that causes or has potential to cause harm

Reminder to surveyor: _____ **Conduct occurrence interview** _____ **Review plan of correction requirements**

NOTE: The survey includes observations, record review, staff and resident interviews, tour of the facility, review of medications and any other functions necessary to complete the survey.